New England Deaconess Hospital

pulse

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Surgicenter service offers a streamlined day treatment program to patients undergoing minor surgery

Encouraging the provision of convenient, inexpensive and quality surgical care on an outpatient basis has been a goal recently set for hospitals by Blue Cross in Massachusetts and by other health insurance groups across the country. The Deaconess took a lead in this movement two months ago through the establishment of a surgicenter service within the ambulatory services department.

"This new approach emphasizes very short lengths of stay for patients undergoing minor surgical procedures requiring general anesthesia, such as dilation and curettement (D & C), cystoscopy, arthroscopy, laproscopic tubal ligation and multiple teeth extractions," said Dr. Randolph B. Reinhold, surgicenter director.

"The surgicenter is a streamlined day treatment program which takes people in good health who need minor surgery and moves them quickly through the hospital system," he explained. "Procedures are much less expensive than surgical day care or inpatient surgery due to the shortened length of stay."

Surgicenter is the middle track between two other ambulatory services department programs — ambulatory surgery and surgical day care. Both surgicenter and the surgical day care program are managed by the hospital's day care unit (DCU) — all part of the ambulatory services department.

The benefits to surgicenter patients are numerous — financially, psychologically and physically, according to Jane Erskine, RN, director of the DCU.

"The psychology of 'wellness' is reinforced through the concept of walking into the operating room or sitting in the DCU waiting room prior to surgery," said Erskine. "Patients experience fewer side-effects from the surgery, because only a light administration of anesthesia is applied, with only a minimal use of postoperative pain medications."

The average patient can leave the hospital three hours after admission, since operative procedures generally take less than one hour. After surgery, the patient spends approximately 20 minutes in the recovery room to recover from the anesthesia, and then is returned to the DCU where nurses can monitor any surgical side-effects.

In most cases, aspirin is the only analgesic needed for postoperative pain. According to Erskine, patients emerge from the experience feeling less like invalids, and have little trouble with the typical side-effects of anesthesia, such as nausea or dizziness.

"The average surgicenter patient can walk to the operating room, sit on the surgical table and talk to the doctors prior to undergoing anesthesia," said Erskine. "The IV (intravenous anesthesia) is started while the patient is in the OR, rather than beforehand, as in other surgical processes," she explained.

What happens to the surgicenter patient from start to finish? Consider the experience of Mary V., a 33-year-old woman referred to surgicenter by her doctor for a breast biopsy.

Mary is in good health. Her medical history is uneventful, and she is taking no medications.

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Exploring new methods for treating blood disorders

by Aliana Brodmann-Menkes

Last spring, Patricia Itri, a 21-year-old medical secretary, was admitted to the Deaconess with a rare, acute blood disorder which caused her platelet count to fall below normal.

After a month of undergoing therapeutic plasmapheresis, a procedure which exchanges the plasma, or fluid part of the blood, Patricia's platelet (oval disks affecting blood coagulation) count improved and she was weaned to one weekly treatment. Within a short period of time, she completely recovered and returned to her regular daily activities.

At a recent annual blood donor party, Patricia related her experiences as one of the fortunate patients whose lives were saved through services provided by the NEDH Blood Bank. The party was highlighted by the presence of blood donors such as Richard Bellofatto, a nurse in the intensive care unit, who has donated five gallons of blood to the NEDH Blood Bank over the past nine years because he is aware of the hospital's crucial and constant need for blood.

Blood donor parties, hosted by the NEDH Pathology Department, give donors an opportunity to meet those who have benefited directly from their contributions. Patricia and Richard represent two major aspects of the NEDH Blood Bank operation — blood component transfusion services coupled with an active community donor program.

Deaconess employees probably are most familiar with the community blood donor program, but not with the services provided by the blood bank under the direction of Dr. Agnes Kim.

"Due to the specialty nature of the Deaconess, our blood bank is equipped to perform a variety of sophisticated procedures," said Dr. Kim. "In fact, I do not know of many hospital blood banks which are able to cover such a full range of services, from frozen blood transfusions to complicated processes such as leukopheresis to remove excess white cells from the blood of people with leukemia, and tissue typing to find suitable donors for patients undergoing kidney transplants," she said.

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NEDH visits Mission Hill Fair

Helen Burton, RN, Diabetes Treatment Unit, completes a diabetes screening test for a young Mission Hill resident.

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Deaconess is known for its work in diabetes, cancer, heart disease, brain and chest surgery, kidney transplants and general medicine.

Cardiology Nurse Ellen Leary (r) and Staff Project Dietitian Ruth Clark provide nutrition and blood pressure counseling.

"The Deaconess is a special place" was the theme conveyed by NEDH staff members at the Mission Hill Fair on September 12. The annual fair, supported by 100 local community groups and health care and education institutions, benefits the Mission Hill link bus service.

NEDH personnel who represented the hospital at the fair were: Helen Burton, RN; Ruth Clark, staff project dietitian; Ellen Leary, RN; Judy Prescott, RN; and Michele Sugrue, MT (ASCP). They provided blood pressure and diabetes screening tests, blood typing, nutrition counseling and general health information.

Literature and general supplies were contributed to the Deaconess booth by the Joslin Diabetes Center and NEDH maintenance and engineering, personnel and dietetics departments.

Surgicenter *(continued from page 1)*

Perhaps a week prior to Mary's surgery, her doctor books her into surgicenter for the procedure. She is sent a preregistration form and a preoperative checklist. Mary is called the day before her operation to confirm the time of the procedure. Mary is scheduled to report to outpatient registration at 8 a.m. for her 9 a.m. operation.

On the day of surgery, Mary stops briefly at outpatient registration, then goes to the surgicenter office in the DCU to have blood and urine tests and to change into her surgical gown. After this brief stop in the surgicenter office, Mary relaxes in the DCU waiting room and reads a magazine.

Shortly afterward, a call comes from the operating room into the surgicenter office, asking that the patient be escorted up to surgery. Mary, accompanied by a nurse, walks to Farr 5, suite 10, the surgicenter operating room.

Sitting on the table in the operating room, Mary is interviewed by the anesthesiologist and, within five minutes, she is under anesthesia and surgery begins.

After the brief procedure, Mary is sent to the recovery room for 20 minutes where she is attended by a designated nurse familiar with patients who have undergone a light, general anesthetic.

DCU Director Jane Erskine, RN, escorts a surgicenter patient to the operating room.

Mary wakes up quickly since she has had so little general anesthesia. She is taken on a carrier to the DCU for observation by nurses who check for other surgical side-effects.

After about an hour, Mary is allowed to go home in the company of another adult. She is given a set of home care instructions, and a nurse calls the following day to be sure Mary has made a full and good recovery.

Members of the NEDH medical staff are enthusiastic about the new surgicenter program.

"Surgicenter provides so many advantages to patients," said Dr. Clement Yahia, NEDH surgeon and gynecologist. "The fact that they walk to the operating room has a tremendously positive psychological impact for them. Also, they receive anesthesia from an expert in administering light dosages. The less anesthesia, the better it is for these patients." Commenting further on the surgicenter approach, Dr. Yahia said he also feels that patients are happier. "Most can be in and out of the hospital in three hours. The fact that our patients are happier makes us happy. Surgicenter is a big step forward for our hospital and our patients," Dr. Yahia concluded.

Dr. Peter H. Dragonas, an NEDH gynecologist, said, "Surgicenter is ideal for the healthy patient who can receive treatment in the least invasive manner possible. It is personal. The patient has more control psychologically, and it is convenient. A lot of patients come from out of town and don't want to spend two days having minor surgery – a day for preoperative tests and a day for the procedure. With no preoperative medication and light anesthesia, the patient can be released as quickly as possible," he added.

"I do want to say that what makes our surgicenter program work so well is the nursing and support staff," Dr. Dragonas said. "This is an important development in our hospital's continuing effort to offer the kinds of services that our patients need and want. It is consistent with the longstanding Deaconess tradition of always providing the best in patient-centered and innovative health care."

Deaconess News in Brief

Six staff members of the department of dietetics addressed the 64th annual meeting of the American Dietetic Association (ADA), held September 21-25 in Philadelphia, Pennsylvania.

The Deaconess dietitians participating in the conference were: **Susan Levine,** renal dietitian specialist; **Lynne Ometer,** assistant director of patient nutritional care; **Peggy Oberfell,** oncology dietitian specialist; **Joni Youngwirth,** dietary project coordinator; **Christine Murray,** assistant director for education; and **Joyce Tower,** director of dietetics. Tower presided over two educational sessions in her role as a member of the executive committee of the American Dietetic Association's Council on Educational Preparation.

During the annual meeting, Ometer was elected chairperson of a national ADA group "Dietitians in General Clinical Practice". She also was appointed to the ADA's National Quality Assurance Committee.

Barbara Stank was named assistant manager of the building services department on October 5. Stank came to the Deaconess from the Massachusetts General Hospital where she served as administrative manager of building services.

Richard B. Floyd was appointed business manager for the NEDH Department of Medicine and Deaconess Medicine on September 28. In this newly-created position, Floyd will be responsible for financial and administrative matters for the department of medicine and Deaconess Medicine. Prior to coming to the Deaconess, Floyd was manager of credit administration and assistant to the manager of the First National Bank of Boston in La Paz, Bolivia, and the First National Bank of Boston in the Dominican Republic.

Janis A. Gallagher, RN, former head nurse of IV therapy, recently was promoted to the position of coordinator of IV therapy services. She will coordinate all clinical and nursing functions within the IV therapy department.

Peggy Oberfell, oncology dietitian specialist, has been appointed chairperson of the 1981-82 Massachusetts Dietetic Association's Quality Assurance Committee. In this position, she will help Boston area hospitals to develop and implement quality assurance programs.

Friends of the Deaconess mark 50 years of service at annual meeting

The Friends of Deaconess Hospital celebrated 50 years of financial support and service to the hospital at its annual meeting and luncheon on October 20.

Since 1931, the Friends have contributed more than $1 million to the hospital for new equipment and renovations, and have directly supported patients and their families through volunteer programs and activities.

The Friends' annual meeting began with a business session and the installation of six new board members at the Brae Burn Country Club, Newton. The new board officers are: Mrs. L. Tillman MacDaniel, president; Mrs. Roger A. Perry Jr., vice-president; Mrs. George P. Kozak, treasurer; Mrs. Leo P. Krall, assistant treasurer; Mrs. Gardner M. Brown, corresponding secretary; and Mrs. Elton Watkins, Jr., recording secretary.

New board officers of the Friends of the Deaconess Hospital include (l-r): Mrs. L. Tillman MacDaniel, president; Mrs. George P. Kozak, treasurer; and Mrs. Leo P. Krall, assistant treasurer. Not pictured are: Mrs. Roger A. Perry, Jr., vice president; Mrs. Gardner M. Brown, corresponding secretary; and Mrs. Elton Watkins, Jr., recording secretary.

In a written message, President Laurens MacLure acknowledged the Friends' gifts to the hospital. "What is not so easily measured is the direct and personal contact established between our patients and visitors and Friends members who volunteer their time to the coffee hours, diversional therapy program, Gift Shop operation and so many other ongoing activities," said MacLure.

"In a busy, acute care facility it is often difficult to provide this constant, personal communication," he continued. "The Friends have been able to make a major contribution to this effort, making a difficult period for patients and their families easier to bear, and providing support for our hospital employees whose job is made easier and more enjoyable by the Friends' presence in so many areas of the hospital," said MacLure.

The business meeting was followed by a luncheon during which seven former presidents of the Friends organization were honored.

Guest speaker at the luncheon was Don Lowry, an honorary trustee and former executive vice-president of the hospital. He reviewed the voluntary and financial support provided by the Friends over the years through annual events such as the Christmas Bazaar and Night at the Pops.

The Friends of Deaconess Hospital was organized in 1931 as a women's committee to help raise funds for new hospital equipment and renovations, and to continue volunteer activities. The committee was incorporated formally as the Friends of Deaconess Hospital in 1942. Today, the Friends operate the Deaconess Gift and Thrift Shops, with all proceeds going to the support of the hospital.

Blood bank

(continued from page 1)

Disorders of the blood can affect: white cells, which fight bacteria; red cells, which carry oxygen and nutrients to organs and tissues; platelets, which are essential for coagulation. Other parts of the blood, including plasma, also carry germ-killing materials and other coagulation factors.

Many of these disorders can be treated through the removal of specific blood cells or products with an automated cell separator during blood withdrawal. Certain blood components are, therefore, obtained from donors for transfusions into other patients, or taken from patients in order to lower dangerously high levels of blood cells or products. Many cancer patients, for example, need periodic transfusions of white cells and platelets since chemotherapy drugs can destroy these components. Platelet concentrates are used in treating people with leukemia, bone marrow aplasia (lack of development) and bleeding disorders.

These therapeutic techniques – including plasma-, platelet-, and leukopheresis – all are familiar functions within sophisticated hospital blood banks today. Thirty years ago, Dr. James L. Tullis, former NEDH Department of Medicine Chairman, pioneered in the freezing of blood and the development of leuko- and plateletpheresis processes during his service in the U.S. Army, and during subsequent team research projects at Harvard Medical School. His work continued in these areas at the Blood Research Institute, a division of which he established at NEDH in 1964. The first frozen blood cells administered to patients in the United States were transfused by Dr. Tullis at the Deaconess in 1954.

Working with Dr. Tullis during this period was Bob Tinch, presently an engineer in the NEDH Blood Bank. "In 1951, we attached the first living donor to a prototype of the blood processor used today to separate plasma from red cells," remembers Tinch.

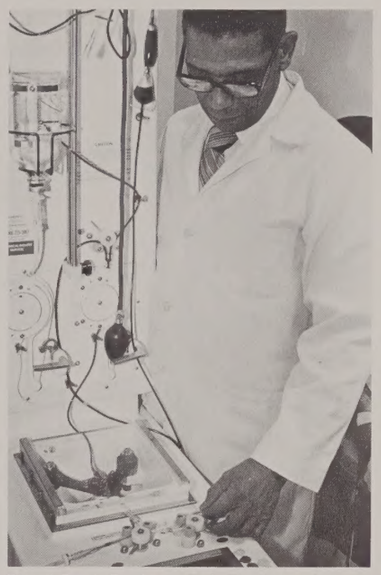
"It also was our idea to invert the original Cohn bowl, which separates the blood, and have it made of clear plastic instead of metal," said Tinch. "These changes allowed us to observe a ring of white cells floating on top of the red cells. They turned out to be platelets. Six months later we had developed the process of plateletpheresis, enabling us to withdraw multiple units of platelets from a single donor. But it took about another decade before plateletpheresis really caught fire. In fact we were the only institution in the world to provide platelets by pheresis procedure until 1972," said Tinch.

Approximately 400 tissue typing procedures were performed in the NEDH Blood Bank last year to determine the most suitable donor for people undergoing kidney transplants, or to permit platelet transfusions. The Deaconess Blood Bank began to do tissue typing in 1976, and it remains the only hospital blood bank to do tissue typing in Massachusetts.

After red blood cells are tested, Blood Bank Technologist Dolores Fici begins the tissue typing process. If the initial typing is compatible, white blood cells from the patient and potential donor are blended to obtain a mixed lymphocyte (a variety of white blood corpuscle found in the lymph glands) culture. The purpose of tissue typing is to identify and match as many genetic factors (antigens) as possible in the white blood cells. Antigens induce the production of antibodies in the blood. The cells of a kidney possess the same antigens as white blood cells.

"If the genetic factors on the donor cells trigger antibody formation in the recipient, then the donor's kidney would be rejected by the patient's immune system," explained Fici. "This human leukocyte (white blood cell) immune system is responsible for the identification and elimination of foreign tissue in the body. We inherit our tissue types, which is why family members are always the best possible donors for transplant patients," said Fici.

Because of the special needs of Deaconess patients, blood bank technologists have the opportunity to become involved in many phases of patient care. "Our 25 technologists have a chance to work in different blood bank functions," said Dr. Kim. "We don't have one person doing routine crossmatching all of the time." Many of the blood bank technologists



Blood Bank Engineer Bob Tinch monitors an automated cell separator which is removing platelets from a donor's blood and recycling other components back to his body.

receive additional expertise at NEDH through the Training Center for Blood Bank Specialists, which will celebrate its 10th anniversary this year. The one-year program, supervised by Dr. Kim and Mary Mitsiu, MT (ASCP) SBB involves full-time work in the NEDH Blood Bank combined with daily lectures on various aspects of blood bank activities.

The blood bank provides several services which are designed to better utilize blood supplies and lower costs for the hospital and its patients. For example, patients can donate blood preoperatively to be used for their own (autologous) transfusions during surgery. Another procedure recently mentioned in PULSE (see March 1981 issue) was intraoperative autologous transfusions using a "cell-saver" machine. Since 1980, nearly 1,000 open heart and vascular surgical patients received blood "salvaged" during their operations.

The primary reason NEDH blood bank services are able to run smoothly and cost-effectively is the hospital's community donor program, overseen by Mae Barrett, donor recruiter. Approximately 1,200 Deaconess employees and friends currently are participating in the program which started in 1973.

Despite increasing donations, only 20% of the blood used by NEDH last year was provided through the blood bank. The other 80% had to be obtained from the American Red Cross at a cost of a half-million dollars.

"This is why we emphasize the importance of donating blood preoperatively, and encouraging a patient's family members to contribute," said Barrett. "Patricia Itri's parents are now regular contributors. This situation often occurs when a patient has a sucessful recovery and his or her family establishes a good relationship with the hospital. They want to keep a connection with us and show their appreciation by donating to others," Barrett continued.

"Only when family members learn of our activities in this way, or if they are referred to us by physicians or employees, will we be able to keep pace with the constant demand for blood supplies."

For more information on the community blood donor program, contact Mae Barrett at (617) 732-9085. NEDH Blood Bank hours are: 9 a.m. - 8 p.m., Monday; 9 a.m. - 5 p.m., Tuesday - Friday; and 1 - 4 p.m., on Saturday.

Deaconess hosts donors at "appreciation party"

It took him over eight years to accomplish it, but Richard Bellofatto, RN, recently became the first person in the history of the Deaconess Community Blood Donor Program to donate five gallons of blood.

New one-gallon donors honored at an "appreciation" party hosted by the NEDH Blood Bank included (first row, l-r) Mae Barrett, blood donor recruiter; Karen Griffey, research administration, Richard Avery, chemistry; Richard Hatch, maintenance and engineering; (second row) Jim Baker, laboratories; Gretchen Paradis, Deaconess Medicine; Dan Healy, maintenance and engineering; (third row) Tom O'Leary, materials management; Gail Graham, administration, John Doran, building services; Ron Anderson, messenger services; (fourth row) Lois Mangan, respiratory therapy, Joni Youngwirth, clinical dietary; Donna King, nursing service; Jim Oliver, Massachusetts Hospital Association; Sally Jenks, service coordination.

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Nancy Seideman, Editor

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Deaconess honors employees at service award ceremony

Five-year recipients *(first row, l-r): Suzanne B. Nuttall, medical records; Linda M. Perry, diagnostic radiology; Linda D. Heiser, intensive care; Judith K. Pert, surgical services; (second row, l-r) Evelina Dirado, building services; Ellen Bieringer, diagnostic radiology; Nancy Quigley, therapeutic radiology; Susan Gatchell, clinical dietary; Marsha J. Graziano, ambulatory services; Andrea I. Steinberg, blood bank; (third row, l-r) George J. Saulnier, maintenance and engineering; Howard F. Chapman, building services; Jane A. Tilley, administration; James B. Delaney and Charles T. Chase, maintenance and engineering; Linda A. Glynn and Katherine Kelliher, nursing service.*

Deaconess employees recently were recognized by the hospital for their many years of service during a coffee hour held in the Harris Hall living room. Pins were awarded to employees who completed 5-35 years of service to NEDH. They included **35-year recipient** *Ethel E. Feldman (l), surgical services, who received her pin from Margaret Burns, RN, director of surgical services.*

Five-year recipients *(first row, l-r): Maria J. Cardello, surgical services; Janet F. Clinton and Patricia L. Correll, School of Nursing; Elizabeth M. Wong, intensive care; (second row), John F. Flaherty, nursing service; Patricia E. Domey, ambulant dialysis; Diane Paine, laboratories; Sally H. Jenks, service coordination; Dr. Daniel Tarsey, Deaconess Medicine; Frances D. Campagna, administrative services; Donna E. Brome, nursing service; (third row, l-r) Shelia Williams and Norma G. Brown, nursing service, and Brome's eight-year-old son, Sherwin, visitor.*

Ten year recipients *(l-r): Leouigilda Cabrera, laboratories; Brenda Griffin, surgical services; Barbara Langley, laboratories; Michael V. Yasner, surgical services; Olga Marcial, medical records; Jeannine R. Bensette, laboratories; Dr. Randolph B. Reinhold, ambulatory services; Edith E. Hurney, laboratories; Arthur E. Jones, maintenance and engineering; Barbara Pope, laboratories.*

Fifteen year recipient *(l-r): Salvatore Triolo, maintenance and engineering;* **twenty year recipients,** *Adrienne Guptill, Harriett H. Bailey, Judith Kimber, laboratories;* **fifteen year recipients,** *Virginia Randall, School of Nursing, Artie P. Alexander, accounting; Barbara D. White, observation unit.*

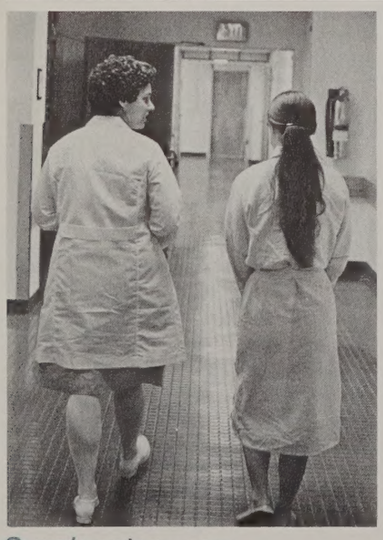
NEDH golf league finishes first season

Spiros Thomas, pharmacy department, carried his team to victory in the NEDH Golf League Tournament by sinking a three-foot putt on the last hole of the Dennis Pines Golf Course.

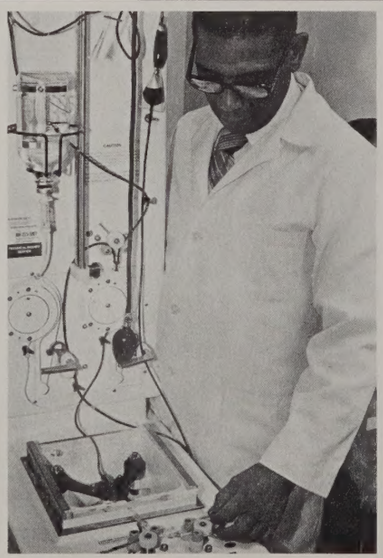
Spectators at the September 13 tournament included NEDH Director Richard E. Lee. Following the tournament, a cookout and awards dinner were held at Thomas's home in West Dennis. Trophies were presented to: Thomas and John Sipley (Digital Equipment Corporation), winners of the 1981 NEDH Golf League Tournament; Ed McKelvey, accounting, low net (with handicap) for the season; Gene Killeen, printing, low gross (no handicap) for the season, and for the NEDH tournament; Tom Wilmore, former NEDH employee, low net for the NEDH tournament.

"The league members would like to extend their appreciation to Spiros and Peter Cataldo, pharmacy department, for organizing the cookout, and to those who contributed to its success," said Killeen.

During the league's first season, eight teams of two played sixteen matches. The new season will begin in April. For more information concerning the golf league, contact Killeen in the print shop at 732-8270.



Surgicenter: new streamlined service for outpatient care *(see page 1)*



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